



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED  
08 JUL 25 PM 3:18  
MACOMB COUNTY CLERK  
MICHIGAN

FOR OFFICIAL USE ONLY

1. Committee I.D. Number <b>138025</b>	3. This Statement covers From: <b>2-13-08</b> to <b>7-20-08</b>
2. Committee Name <b>CTE NICHOLAS S MAYER</b>	4. Candidate Last Name <b>MAYER</b> First Name <b>NICHOLAS</b> M.I. <b>S</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>TRUSTEE - CHESTERFIELD TOWNSHIP</b> 4b. County of Residence <b>MACOMB</b>
5. Committee's Mailing Address <b>31215 BRODERICK DR. CHESTERFIELD MI 48051</b> Area Code and Phone <b>(586) 749-8535</b> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <b>NICHOLAS S. MAYER 31215 BRODERICK DR. CHESTERFIELD MI 48051</b> Area Code & Phone <b>(586) 749-8535</b>
7. Treasurer's Business Address <b>31215 BRODERICK DR. CHESTERFIELD MI 48051</b> Area Code and Phone <b>(586) 749-8535</b>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>N/A</b> Area Code and Phone _____

## 9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

**08-05-08**

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<b>NICHOLAS S MAYER</b>	Signature	<b>[Signature]</b>	Date	<b>7-20-08</b>
	Type or Print Name				
Candidate	<b>NICHOLAS S MAYER</b>	Signature	<b>[Signature]</b>	Date	<b>7-20-08</b>
	Type or Print Name				



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

138025

2. Committee Name

CTE NICHOLAS S MAYER

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2331.71	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 2331.71	(18.) \$ 2331.71
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 2331.71	(20.) \$ 2331.71
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2331.71	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2331.71	(23.) \$ 2331.71
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 456.71	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 2331.71	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 2331.71	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 2331.71	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 0 *	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138025  
2. Committee Name CTE NICHOLAS S MAYE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-16-08</u>	
Name & Address: <u>BOB HASKIN</u> <u>28508 WALE DR.</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-18-08</u>	
Name & Address: <u>DOU TUNE</u> <u>53730 BATES RD.</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-23-08</u>	
Name & Address: <u>STEVEN MAYER</u> <u>20451 15 MILE RD.</u> <u>CLINTON TWP. MI 48035</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-24-08</u>	
Name & Address: <u>JOHN LOCK</u> <u>31058 BROADRICK DR.</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

375.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

375.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138025  
2. Committee Name CTE NICHOLAS S MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-25-08</u>	
Name & Address: <u>NICHOLAS S MAYER</u> <u>31215 BRODERICK DR</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>700.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-25-08</u>	
Name & Address: <u>LOUIS ARCAEO</u> <u>47898 CHAYS</u> <u>MACOMB MI 48044</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6-30-08</u>	
Name & Address: <u>STEVE NOVAK</u> <u>31119 BRODERICK DR</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-1-08</u>	
Name & Address: <u>DAVE WAGNER</u> <u>52334 GRATIOT AVE</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

775.00Grand Total of All Schedules 1A  
(Complete on last page of Schedule)1150.00Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138025  
2. Committee Name CTE NICHOLAS S. MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-4-08</u>	
Name & Address: <u>DONNA M. MEHR</u> <u>31740 JOSEPH</u> <u>CHESTERFIELD MI 48047</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>JERRY NOTTING</u> <u>46248 COMMUNITYCENT. DR.</u> <u>CHESTERFIELD MI 48047</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>CATHERINE P. SARVER</u> <u>P.O. BOX 305</u> <u>NEW BALTIMORE MI 48047</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>GERALDINE GURA</u> <u>40060 AYNESLEY ST.</u> <u>CLINTON TWP. MI 48038</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

250.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1400.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138025  
2. Committee Name CTE NICHOLAS S. MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>MARY BETH LATOWSKI</u> <u>28558 LANCASTER DR.</u> <u>CHESTERFIELD MI 48047</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>KELLIE A. MESELBACH-KIARICH</u> <u>14619 RICE DRIVE</u> <u>STERLING HEIGHTS MI 48313</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>GLENN E. SNELL</u> <u>29567 HICKEY</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>DON TUNE</u> <u>53730 BATES RD.</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1600.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138025  
2. Committee Name CTE NICHOLAS S. MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>EDWARD SCHMIDT</u> <u>234 MUIZ ROAD</u> <u>GROSSE POINTE FARMS, MI 48236</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>AMY ZARATE</u> <u>20502 AUTUMN LAKE DR.</u> <u>CHESTERFIELD, MI 48051</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>MRS. GERALDINE SCHMIDT</u> <u>3952 SAINT JAMES CT.</u> <u>SHELBY TWP. MI 48316</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>LESLIE TAYLOR</u> <u>31179 BRODERICK DR</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

225.00Grand Total of All Schedules 1A  
(Complete on last page of Schedule)1825.00Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138025  
2. Committee Name CTE NICHOLAS S. MAYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-10-08</u>	
Name & Address: <u>SOZANNE DELGADO</u> <u>50547 PEGGY LN.</u> <u>CHESTERFIELD MI 48047</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-9-08</u>	
Name & Address: <u>NICHOLAS S. MAYER</u> <u>31215 BRODERICK DR.</u> <u>CHESTERFIELD MI 48051</u>		\$ <u>456.71</u>	\$ <u>456.71</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

506.71Grand Total of All Schedules 1A  
(Complete on last page of Schedule)2331.71Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 138025  
2. Committee Name CTE NICHOLAS S MAYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>AMERICAN GRAPHICS PRINTING CO.</u> Address <u>34895 GROESBECK</u> <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLYER PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-08</u> Date	<u>\$ 90.10</u>
Expenditure #2 Name <u>SAWICKI &amp; SON</u> Address <u>1521 WEST LAFAYETTE</u> <u>DETROIT MI 48210</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-19-08</u> Date	<u>\$ 882.45</u>
Expenditure #3 Name <u>STAPLES</u> Address <u>51382 GRATIOT AVE.</u> <u>CHESTERFIELD MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS &amp; PRINTER</u> <u>CARTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-8-08</u> Date	<u>\$ 101.00</u>
Expenditure #4 Name <u>NICHOLAS S MAYER</u> Address <u>31215 BRODERICK DR.</u> <u>CHESTERFIELD MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAYMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-19-08</u> Date	<u>\$ 700.00</u>
Expenditure #5 Name <u>STAPLES</u> Address <u>51382 GRATIOT AVE</u> <u>CHESTERFIELD MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING LABELS</u> <u>ENVELOPES</u> <u>COLOR PAPER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-3-08</u> Date	<u>\$ 125.59</u>

Subtotal this page

1899.14

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1899.14

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 138025  
2. Committee Name CTE NICHOLAS S MAYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>U.S. POST MASTER</u> Address <u>NEW BALTIMORE POST OFFICE</u> <u>NEW BALTIMORE MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-13-08</u> Date	<u>\$ 126.00</u>
Expenditure #2 Name <u>EMBROIDERY ARTS</u> Address <u>49570 GRATIOT</u> <u>CHESTERFIELD TWP MI</u> <u>48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-9-08</u> Date	<u>\$ 306.57</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____

Subtotal this page 432.57  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 2331.71

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

138025

2. Committee Name

CTE NICHOLAS S MAYER

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed <input checked="" type="radio"/> to or by: <u>NICHOLAS S MAYER</u> <u>31215 BRODERICK DR.</u> <u>CHESTERFIELD MI 48051</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6-25-08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 700.00</u>	\$ \$ \$ \$ \$	\$ <u>700.00</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Corp? <input type="checkbox"/> Yes Owed <input checked="" type="radio"/> to or by: <u>NICHOLAS S. MAYER</u> <u>31215 BRODERICK DR.</u> <u>CHESTERFIELD MI 48051</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6-20-08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 0</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>456.71</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

0

Grand Total of all Schedules 1E

456.71

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138025

2. Committee Name

CTE NICHOLAS S MAYER

**- USE A SEPARATE SHEET FOR EACH EVENT -**

<p>3. Date Event Was Held</p> <p><u>7-9-08</u></p>	<p>4. Number of Individuals Attending or Participating (whichever is greater)</p> <p><u>17</u></p>	<p>5. Type of Fund Raising Activity</p> <p><u>BUFFET DINNER</u></p>	<p>6. Address and Name (If any) of the place where the activity was held.</p> <p><u>SUGARBUSH TAVERN</u> <u>27900 ZI MILE</u> <u>CHESTELFIELD MI 48047</u></p> <p><input type="checkbox"/> Private Residence</p>
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7. Total Contributions

825.<sup>00</sup>

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

825.<sup>00</sup>

10. Total Cost of Event

0

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 1